

SEP 21 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

29870

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City (No. 4715, Charlotte St. 35 Ward)

2. FULL NAME Mrs. Iola Brown Russell  
 (a) Residence, No. 4715 Charlotte St., 30 Ward.  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lacy Herman Russell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 14, 1865

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>71</u>	<u>71</u>	<u>11</u>	<u>9</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation none

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minneapolis Minn.

FATHER

13. NAME James Emmet Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elmira N.Y.

MOTHER

15. MAIDEN NAME Mary Eunice Uphaw

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stowe Vermont

17. INFORMANT Emmet Russell  
 (ADDRESS) Northwood New Hamp.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Forest Hill DATE Aug. 26 1937

19. UNDERTAKER D. W. Newcomer's Sons  
 (ADDRESS) Brushcreek Pass

20. FILED Aug 24 1937 M. M. Crane, Jr.  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1937, to Aug 23, 1937.  
 I last saw her alive on Aug 23, 1937. Death is said to have occurred on the date stated above, at 10:15 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Transverse Myelitis (Acute) Date of onset about 9 yrs ago  
8/10

Other contributory causes of importance:  
Shock (late) / due to knowledge of serious condition of her husband

Name of operation none Date of none  
 What test confirmed diagnosis? none Was there an autopsy? none

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? none Date of injury none, 1937  
 Where did injury occur? none (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none  
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify none

(Signed) E. B. Dodd M. D.  
 (Address) 24th & Hardisty  
Kansas City Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORD

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